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March 19, 2015

State of Connecticut General Assembly
Insurance and Real Estate Committee
Legislative Office Building, Room 2800
Hartford, CT 06106

RE: Connecticut SB 5- An Act Concerning Health Insurance Coverage For Telemedicine Services

On behalf of the Convenient Care Association ("CCA") board of directors and our retail-based clinic members, we appreciate the opportunity to comment on SB 5. The CCA was founded in 2006 to provide a unified voice for the retail-based convenient care industry. Convenient care clinics, often referred to as "retail clinics," are health care facilities located inside retail locations, such as pharmacies and grocery stores. The industry is currently made up of more than 1,900 retail clinics across more than 40 states and Washington D.C. Our members have collectively provided more than 35 million patient visits, and over 90 percent of patients are satisfied with clinic services.¹ Retail clinics offer high-quality, low-cost, and accessible health care. The care is provided by nurse practitioners and physician assistants, and encompasses basic primary care, preventive and wellness services, and some chronic disease monitoring and treatment. All members of the CCA are either certified or accredited by national organizations, such as The Joint Commission and the Accreditation Association for Ambulatory Health Care. Research on the industry has documented time and again that retail clinics deliver high-quality, cost-effective care and adhere to evidence-based practice guidelines. The CCA represents more than 97 percent of all retail clinics currently in operation and more than 26 clinics in the state of Connecticut.

Retail clinic services, which are convenient and affordable, help prevent complications that often result in costly emergency room admissions. A major study sponsored by the RAND Corporation and published in the *Annals of Internal Medicine* found that care at convenient care clinics was equivalent in quality to other settings and 40 to 80 percent less costly.²

The CCA appreciates the effort to create regulation in the practice of telemedicine. The CCA understands that the Connecticut legislature has introduced SB 5 to establish standards for the provision of telemedicine services and appreciates the legislature's desire to promote high-quality care by regulating the circumstances under which telemedicine can be employed.

¹ Convenient Care Association, <http://ccaclinics.org/about-us/about-cca>.

² Comparing Costs and Quality of Care at Retail Clinics with that of Other Medical Settings for Three Common Illnesses, *Annals of Internal Medicine*, August 2009.

However, we oppose the proposed legislation in its current form due to the restrictive language regarding the use of telemedicine services. CCA would like to suggest the following changes within Section 1(b) and Section 2 (b) of the legislation that would support retail clinics in fulfilling their mission to provide access to high-quality, affordable care across Connecticut.

Comments

Telemedicine is a treatment modality that has the potential to greatly increase access to care across Connecticut, especially in the state's more rural areas. CCA is concerned that the telemedicine language in SB 5 will limit the effectiveness of an otherwise progressive effort to expand access to primary care. Considering the primary care provider shortage the nation is facing, it is important to ensure that patients in the state of Connecticut have access to all available providers without costly delays. The Association of American Medical Colleges already projects a dearth of 130,600 physicians by 2025, including a shortage of 65,800 primary care physicians.³ Current demographic trends are set to further increase the pressure on physicians in Connecticut and across the nation:

- The nation's population will continue to grow—between 2006 and 2025, the Census Bureau projects population growth of some 50 million.
- The nation's population has a growing problem with obesity and associated health problems such as diabetes.
- There will be approximately 32 million newly insured Americans seeking primary care services with the Affordable Care Act.

Parts of the proposed legislation may exacerbate this problem by limiting the potential benefit of telemedicine and unnecessarily restricting access to care.

Section 1 (b) and Section 2 (b) of the proposed SB 5 establishes additional requirements for retail clinics that would necessitate changes in clinic telemedicine process as well as service delivery. If implemented as written, the changes would limit access to telemedicine and add cost to clinic operation, and thus an increase in cost to service delivery, without a discernable improvement to the quality of care provided. Below please find a description of each issue as well as recommendations for each.

³ AAMC Center for Workforce Studies, Physician Shortages to Worsen Without Increases in Residency Training, June 2010 Analysis (Jun. 2010), available at http://www.aamc.org/download/153160/data/physician_shortages_to_worsen_without_increases_in_residency_tr.pdf.

Section 1 (b) Each individual health insurance policy providing coverage of the type specific in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medical advice, diagnosis, care or treatment provided through telemedicine, to the extent coverage is provided for such advice, diagnosis, care or treatment when provided through in-person consultation between the insured and a health care provider and provided the use of telemedicine shall be limited to situations where there is a lack of healthcare providers within reasonable travel time and distance of the insured or the insured is unable to travel to a healthcare provider's office without undue burden.

Issues: The language of this provision is ambiguous, and potentially restrictive for health care providers offering telemedicine services to populations in need. The specific phrases in question are "reasonable travel time and distance" and "undue burden." Retail clinics are based upon convenience and accessibility; therefore it is not clear how we are to comply with these requirements.

Recommendation: We would like to see the restrictive travel requirements deleted from the legislation.

Section 2 (b) Each group health insurance policy providing coverage of the type specific in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medical advice, diagnosis, care or treatment provided through telemedicine, to the extent coverage is provided for such advice, diagnosis, care or treatment when provided through in-person consultation between the insured and a health care provider and provided the use of telemedicine shall be limited to situations where there is a lack of healthcare providers within reasonable travel time and distance of the insured or the insured is unable to travel to a healthcare provider's office without undue burden.

Issues: Please see previous issues description.

Recommendation: Please see previous recommendations.

On behalf of CCA and its members, I thank you for the opportunity to submit written comments for your consideration. If you have any questions, please contact me at (215) 731-7140 or tine@nncc.us.

Sincerely,



Tine Hansen-Turton
Executive Director